### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

	not explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00099999	2 PAGE# 1 of 43
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Jarvis	Mi	OFFICE USE ONLY
IACINE	NICKNAME LAST Johnson	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS/PO BOX; APT/SUITE #; COPY PO Box 1309032 Houston, TX 77219	CITY; STATE; ZIP CODE	Dale Cycle Media pr Date Ostma
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST Velika	MI	Receipt # Amount
NAME	NICKNAME LAST HINES	SÚFFIX.	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI PO Box 130932 Houston, TX 77219	TE#; ĆITY; STATE;	ZIP CODÉ
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 957-5113	EXTENSION	10000
8 REPORT TYPE	January 15 30th day before election 31 July 15 8th day before election 31 July 15		15th day after campaign treasure appointment (officeholder only)  Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THRO	Month Day	Year
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	PE	General Special
11 OFFICE	OFFICE HELD (If any) City Council - District B	12 OFFICE SOUGHT (if known)	l.
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expectandidates are required to disclose this information of Name	enditures made by others without the ca only if they receive notification of the direct	ndidate's prior consent or approval. ct campaign expenditure.
additional pages	Address/PO Box; Apt. / Suite #: City; State; Z	rip Code	
			<u> </u>

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

OCITORI &			Cover	R SHEET PG 2
14 C/OH NAME John	son, Jarvis (Mr.)		15 ACCOUNT # 00099999	(Ethics Commission filers)
16 NOTICE FROM POLITICAL		otice of political expenditures by political committees to support the can nout the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures	ndidate / officeholder. es and officeholders a	. These expenditures may are required to report this
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	<del></del>	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION			<del>-                                    </del>	
TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN IS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED POLITICAL CONTRIBUTIONS	\$	275.00
EXPENDITURE	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	31,567.21
TOTALS	3. TOTALE	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	30.00
	4. TOTAL F	OLITICAL EXPENDITURES	\$	23,191.81
CONTRIBUTION BALANCE	5. TOTAL P LAST DA	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	23,753.84
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	0.00
18 AFFIDAVIT			L	
	IMPPPP BON PN	The dilder fille (5, Election Coder	ll information requir	accompanying report red to be reported by
	Hotary Public, State of My Commission Expires 0	Texas 8-24-09	ndidate or Officeho	irler
AFFIX NOTARY S	TAMP / SEAL ABOVE			
Sworn to and subscribe of June, 20		e said <u>Jarui's John son</u> ify which, witness my hand and seal of office.	, this the	30 4h day
B	372	Lucatio Pail Tana		011.
Signature of officer admin	istering oath	Print name of officer administering cath T	itle of officer admir	nistering oath

l e.	ixas Etnics Con		· · · · · · · · · · · · · · · · · · ·	n, Texas 78711-2070	(512)46	3-5800	1-800-325-8506
	POLITION	CAL CONTRIBU THAN PLEDGI	JTIONS ES OR LOA	NS		\$	SCHEDULE A
	The Instruction	юн Guio∈ explains how to comp	plete this form.		1 PAGE # Schedule: 1/2	29 Repo	ort: 3/43
2	FILER NAME	Johnson, Jarvis (Mr.)			3 ACCOUNT # 00099999		commission filers)
4	Date	5 Full name of contributor [ Allen Boone Humphris Rob	out-of-state PAC(ID#_ pinson LLP				Amount of ontribution (\$)
03/30/2006 Contributor address; City; State; Zip Code Houston, TX 77027							\$1,000.00
8	Principal occup	pation / Job title (See Instructions	3)	9 Employer (See In:	structions)	<del></del>	
10 In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.  12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional person).					n (if applicable)		
		_	e travel was accepted (a	attach additional pages i	if necessary)		
13	Departure city /	/ location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17	Means of trans	portation		18 Purpose of travel	:		· · · · · · · · · · · · · · · · · · ·
4	Date	5 Full name of contributor [ Amergy Bank of Texas PAC	Out-of-state PAC(ID#_			7 /	Amount of ontribution (\$)
	01/30/2006	6 Contributor address; C	City; State; Zip Code				\$500.00
8	Principal occup	pation / Job title (See Instructions	;)	9 Employer (See Ins	structions)		
10	In-kind contribu	ution n-kind contribution for travel outsi boxes 12-18. Otherwise, complete	ide Texas and ate box 11 if applicable.	11 In-kind description	(if applicable)		
	Name of persor	n(s) traveling on whose behalf th		attach additional pages i	f necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / k	ocation		16 Arrival date
17	Means of transp	portation	<u> </u>	18 Purpose of travel		1	
				<u> </u>			

OTHER	THAN PLEDGE	S OR LOA	NS 			
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 2/2	9 Repo	rt: 4/43
2 FILER NAME	Johnson, Jarvis (Mr.)			3 ACCOUNT # 00099999		ommission filers)
4 Date	5 Full name of contributor [ ARAMARK Corporation	out-of-state PAC(ID#	)			Amount of ontribution (\$)
01/25/2006	01/25/2006 6 Contributor address; City; State; Zip Code Houston, TX 77010					\$3,093.75
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				<u> </u>		
10 In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.  12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)						
13 Departure city	/ location	14 Departure date	15 Destination city / f	ocation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel			
4 Date	5 Full name of contributor [ Asakura, Keiji	out-of-state PAC(ID#_	)			Amount of entribution (\$)
03/29/2006	6 Contributor address; C	Sity; State; Zip Code				\$100.00
8 Principal occup	pation / Job title (See Instructions	)	9 Employer (See In	structions)		
☐ complete	ution n-kind contribution for travel outsi boxes 12-18. Otherwise, comple n(s) traveling on whose behalf th	te box 11 if applicable.	11 In-kind description			
		e uavei was accepted (i	attach additional pages	ii necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17 Means of trans	portation	***	18 Purpose of travel			
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The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE #	Pana	A. 5149	
2 FILER NAME	Johnson, Jarvis (Mr.)			Schedule: 3/2 3 ACCOUNT # 00099999		ommission filers)	
4 Date	5 Full name of contributor [Austin, Bruce		,			Amount of intribution (\$)	
01/06/2006 6 Contributor address; City; State; Zip Code Houston, TX 77025				\$100.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)							
10 In-kind contribution 11 In-kind description (if applicable)  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.							
12 Name of perso	12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)						
13 Departure city	/ location	14 Departure date	15 Destination city / location			16 Arrival date	
17 Means of trans	portation		18 Purpose of travel				
4 Date	5 Full name of contributor [ Boesel, Minenette	out-of-state PAC(ID#_	)			Amount of ontribution (\$)	
01/16/2006	6 Contributor address; C			• • • • • • • • • • • • • • • • • • • •		\$250.00	
8 Principal occup	pation / Job title (See Instructions	)	9 Employer (See In:	structions)	•	•	
☐ complete	n-kind contribution for travel outsi boxes 12-18. Otherwise, comple	te box 11 lf applicable.	11 In-kind description				
12 Name of perso	on(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)			
13 Departure city	/ location	14 Departure date	15 Destination city / I	location		16 Arrival date	
17 Means of trans	portation	L	18 Purpose of travel	<u>.</u>			

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	The INSTRUCTION	אס Guide explains how to compl	lete this form.		1 PAGE # Schedule: 4/2	9 Repo	rt: 6/43
2	FILER NAME	Johnson, Jarvis (Mr.)			3 ACCOUNT # 00099999	(Ethics C	ommission filers)
4	Date	5 Full name of contributor [ Box, James	out-of-state PAC(ID#	)	·		Amount of ontribution (\$)
	01/11/2006	6 Contributor address; C Houston, TX 77040	city; State; Zip Code				\$250.00
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See In	structions)		
	L complete	ition n-kind contribution for travel outsi boxes 12-18, Otherwise, comple n(s) traveling on whose behalf th	te box 11 if applicable.	11 In-kind description			
13	3 Departure city i	/ location	14 Departure date	15 Destination city /	ocation		16 Arrival date
17	7 Means of trans	portation	·	18 Purpose of travel	-		
4	Date 01/24/2006	5 Full name of contributor [Bracewell & Giuliani  6 Contributor address;	out-of-state PAC(ID#				Amount of ontribution (\$) \$1,000.00
8	Principal occup	pation / Job title (See Instructions	)	9 Employer (See In	structions)		
	Complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description			
12	Z Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
1:	3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
1	7 Means of trans	portation	<b>.</b>	18 Purpose of travel			
						·	
			-				

L	OTHER	THAN PLEDGE	S OR LOA	NS 	100 000		
	The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 5/2	9 Repo	ort: 7/43
2	FILER NAME	Johnson, Jarvis (Mr.)			3 ACCOUNT # 00099999		ommission filers)
4	Date	5 Full name of contributor [ Bradford, Sally	out-of-state PAC(ID#	)			Amount of ontribution (\$)
03/30/2006 6 Contributor address; City; State; Zip Code Houston, TX 77098			•••••			\$100.00	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			structions)				
10 In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description	, ,, ,			
12	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
13	Departure city	location	14 Departure date	15 Destination city / location			16 Arrival date
17	Means of trans	portation		18 Purpose of travel		_	
4	Date	5 Full name of contributor [ Brady, Gerald		)			Amount of ontribution (\$)
	01/25/2006	6 Contributor address; C	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		. <del>-</del>	\$1,000.00
8	Principal occup	nation / Job title (See Instructions	)	9 Employer (See In	structions)		
10	In-kind contribu	ntion n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	n (if applicable)		
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
1:	3 Departure city	location	14 Departure date	15 Destination city /	location		16 Arrival date
17	Means of trans	portation		18 Purpose of travel			
							÷
1							

#### Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS PAGE# The Instruction Guide explains how to complete this form. Schedule: 6/29 Report: 8/43 2 FILER NAME Johnson, Jarvis (Mr.) (Ethics Commission filers) 3 ACCOUNT# 00099999 Date 5 Full name of contributor out-of-state PAC(1D#\_ Amount of Brady, Gerald PO Bo contribution (\$) 03/30/2006 6 Contributor address; City; State; Zip Code \$250.00 Houston, TX 77291-1092 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 13 Departure city / location 14 Departure date 15 Destination city / location 16 Arrival date 17 Means of transportation 18 Purpose of travel Date 5 Full name of contributor out-of-state PAC(ID# Amount of Brown, Peter contribution (\$) 6 Contributor address; 01/25/2006 City; State; Zip Code \$250.00 Houston, TX 77098 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 13 Departure city / location 14 Departure date 15 Destination city / location 16 Arrival date 17 Means of transportation 18 Purpose of travel

POLITICAL CONTRIBU	JTIONS	NS	(312)40	SCHEDULE A
The INSTRUCTION GUIDE explains how to comp	elete this form.		1 PAGE#	29 Report: 9/43
2 FILER NAME Johnson, Jarvis (Mr.)			3 ACCOUNT # 00099999	(Ethics Commission filers)
4 Date 5 Full name of contributor [ Burney and Foreman Attorn	neys-at-Law			7 Amount of contribution (\$)
01/11/2006 6 Contributor address; 6 Houston, TX 77004	City; State; Zip Code	•••••	•••••	\$500.00
8 Principal occupation / Job title (See Instructions	1)	9 Employer (See Ins	structions)	
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description		
12 Name of person(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages i	if necessary)	
13 Departure city / location	14 Departure date	15 Destination city / k	ocation	16 Arrival date
17 Means of transportation	:	18 Purpose of travel		
4 Date 5 Full name of contributor [ Bush, Charles	out-of-state PAC(ID#	)		7 Amount of contribution (\$)
Dallas, TX 75226	City; State; Zip Code			\$500.00
8 Principal occupation / Job title (See Instructions	)	9 Employer (See Ins	structions)	
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	te box 11 if applicable.	11 In-kind description	, ,,	,
12 Name of person(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / k	ocation	16 Arrival date
17 Means of transportation		18 Purpose of travel		
		<u> </u>		

1-800-325-8506

Austin, Texas 78711-2070

POLITIC OTHER	CAL CONTRIBU THAN PLEDGE	TIONS S OR LOAI	NS		S	CHEDULE A
The Instruction	N GUIDE explains how to comple	ete this form.		1 PAGE # Schedule: 8/2	9 Repor	t: 10/ <b>4</b> 3
FILER NAME	Johnson, Jarvis (Mr.)		-			mmission filers)
Date	5 Full name of contributor Carter, Darryl	out-of-state PAC(ID#	)			mount of ntribution (\$)
01/26/2006	6 Contributor address; Ci	ty; State; Zip Code				\$500.00
Principal occup	nation / Job title (See Instructions)		9 Employer (See In	structions)		
0 In-kind contribu	ution n-kind contribution for travel outsi boxes 12-18. Otherwise, complet	de Texas and e box 11 if applicable.	11 In-kind descriptio	n (if applicable)		
	n(s) traveling on whose behalf the		attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Amval date
17 Means of trans	sportation		18 Purpose of trave	İ		:
1 Date	5 Full name of contributor [ Carter, Darryl	out-of-state PAC(ID#_	)			Amount of ontribution (\$)
03/30/2006	6 Contributor address; C	City; State; Zip Code				\$1,000.0
8 Principal occu	pation / Job title (See Instructions	)	9 Employer (See I	nstructions)		
10 In-kind contrib	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	on (if applicable)		
12 Name of person	on(s) traveling on whose behalf th	e travel was accepted	attach additional pages	s if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city	/ location		16 Arrival date
17 Means of tran	sportation	<u> </u>	18 Purpose of trave	el ·		
			<u> </u>			

OTTLK THAN PLEDGE	3 OK LOAI					
The Instruction Guipe explains how to comp	lete this form.		1 PAGE # Schedule: 9/2	29 Report: 11/43		
2 FILER NAME Johnson, Jarvis (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00099999			
4 Date 5 Full name of contributor [ Centerpoint Energy, Inc. PA	Out-of-state PAC(ID#) AC			7 Amount of contribution (\$)		
01/18/2006 6 Contributor address; 0 Houston, TX 77210-4567	City; State; Zip Code			\$2,000.00		
8 Principal occupation / Job title (See Instructions	5)	9 Employer (See In	structions)			
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	11 In-kind description					
12 Name of person(s) traveling on whose behalf the	ne travel was accepted (a	attach additional pages	if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / I	ocation	16 Arrival date		
17 Means of transportation		18 Purpose of travel				
4 Date 5 Full name of contributor (Cheng, Terry	out-of-state PAC(ID#	)		7 Amount of contribution (\$)		
01/30/2006 6 Contributor address; Houston, TX 77063	City; State; Zip Code			\$100.00		
8 Principal occupation / Job title (See Instructions	3)	9 Employer (See In	structions)	· ·		
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete		11 in-kind description	n (if applicable)			
12 Name of person(s) traveling on whose behalf the		I attach additional pages	if necessary)			
13 Departure city / location	14 Departure date	15 Destination city /	ocation	16 Arrival date		
47 Meens of tegosportation	•	19. Secretarial stores	MARK TO A STATE OF THE STATE OF			
	ি নি নি ক্ষিত্র কর্মক ১	To program Systems of the second				
		- 3.5 ··		Electronic Filing Version		

	CAL CONTRIBU THAN PLEDGE		NS	<b>-</b> ., .,	S	CHEDULE A
The Instruction	ON GUIDE explains how to comple	ete this form.		1 PAGE # Schedule: 10	/29 Ren	ort: 12/43
2 FILER NAME	Johnson, Jarvis (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00099999		
4 Date	5 Full name of contributor Chiang, John	out-of-state PAC(ID#	)			Amount of ntribution (\$)
01/23/2006	I .	tty; State; Zip Code	• • • • • • • • • • • • • • • • • • • •			\$1,000.00
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See In:	structions)		<del></del>
complete	ution in-kind contribution for travel outsit boxes 12-18. Otherwise, complet on(s) traveling on whose behalf the	e box 11 if applicable.	11 In-kind description			
	•					
13 Departure city	/ location	14 Departure date	15 Destination city /	ocation		16 Arrival date
17 Means of trans	sportation	:	18 Purpose of travel			
4 Date	5 Full name of contributor Clifford, Cindy	_	)			Amount of ontribution (\$)
01/25/2006	6 Contributor address; C					\$200.00
8 Principal occu	pation / Job title (See Instructions	)	9 Employer (See In	structions)		
	in-kind contribution for travel outsi		11 In-kind descriptio	n (if applicable)		
12 Name of person	on(s) traveling on whose behalf the	e travel was accepted (	attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of tran	sportation		18 Purpose of travel			<u>.                                    </u>
			1	, <u>-</u>	<del> </del>	

	OTHER	THAN PLEDGE	S OR LOAI	NS 			
	The Instruction	on Guide explains how to comp	lete this form.		1 PAGE # Schedule: 11	/29 Rep	ort: 13/43
2 F	FILER NAME	Johnson, Jarvis (Mr.)			3 ACCOUNT # 00099999		ommission filers)
4	Date 5 Full name of contributor  uut-of-state PAC(ID#) Coleman, Garnet					Amount of ntribution (\$)	
0	03/31/2006 Contributor address; City; State; Zip Code Houston, TX 77288				\$500.00		
8 1	Principal occup	ation / Job title (See Instructions	)	9 Employer (See Inc	structions)		
10 In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 1,1 if applicable.  11 In-kind description (if applicable)  12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)							
13 (	Departure city i	location	14 Departure date	15 Destination city /	ocation		16 Arrival date
17	Means of trans	portation		18 Purpose of travel			•
<b>4</b> 0	Date 01/13/2006	5 Full name of contributor [Continental Airlines Employ  6 Contributor address; Contributor TX 77002	out-of-state PAC(ID# ee Fund :ity; State; Zip Code				Amount of ontribution (\$) \$1,000.00
8 (	Principal occup	ation / Job title (See Instructions	)	9 Employer (See In	structions)	•	
[	complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description			
12 (	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages	if necessary)		
13 (	Departure city /	location	14 Departure date	16 Destination city / l	ocation		16 Arrival date
17 (	Means of trans	portation		18 Purpose of travel			

POLITICAL OTHER THA	CONTRIBU AN PLEDGE	ITIONS ES OR LOA	NS			SCHEDULE A
The instruction Guide (	explains how to comp	lete this form.		1 PAGE# Schedule:	12/20 Per	ood: 14/43
2 FILER NAME Johnson	on, Jarvis (Mr.)			3 ACCOUNT #		Commission filers)
4 Date 5 Full Cummi	name of contributor [ ngs, Jerry	out-of-state PAC(ID#_	)	I		Amount of ontribution (\$)
	tributor address; (	City; State; Zip Code				\$100.00
8 Principal occupation / Jo	b title (See Instructions	)	9 Employer (See In	structions)		
complete boxes 12-	tribution for travel outs 18. Otherwise, comple	te box 11 if applicable.	11 In-kind description			
12 Name of person(s) trave	ling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
13 Departure city / location	<u> </u>	14 Departure date	15 Destination city /	location	······································	16 Arrival date
17 Means of transportation			18 Purpose of travel			
4 Date 5 Full Franklii	name of contributor [	out-of-state PAC(ID#_	)			Amount of ontribution (\$)
******	tributor address; C	City; State; Zip Code	•••••		.	\$100.00
8 Principal occupation / Jo	b title (See Instructions	)	9 Employer (See In	structions)		
10 In-kind contribution  Check if in-kind corcomplete boxes 12-	tribution for travel outs 18. Otherwise, comple	ide Texaş and te box 11 if applicable.	11 In-kind description	n (if applicable)		
12 Name of person(s) travel	ing on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
13 Departure city / location		14 Departure date	15 Destination city / I	location		16 Arrival date
17 Means of transportation		L <u></u>	18 Purpose of travel	<del></del>		1.
			Lagran		····································	;

	POLITI	CAL CONTRIBI	JTIONS	NS	(5	12)463-580	1-800-325-8506 SCHEDULE A	
	The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE#	le: 13/20 P	eport: 15/43	
2	FILER NAME	Johnson, Jarvis (Mr.)			3 ACCOUR 000999	NT# (Ethic	s Commission filers)	
4	Date	5 Full name of contributor Franks, Raymond	Out-of-state PAC(ID#_	)	·	7	Amount of contribution (\$)	
	03/30/2006	6 Contributor address; Houston, TX 77085	City; State; Zip Code		• • • • • • • • • • • • • • • • • • • •		\$200.00	
8	Principal occup	pation / Job title (See Instructions	3)	9 Employer (See In:	structions)	<b>_</b>		
	☐ complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description		)	-	
12	Name of person	n(s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages i	if necessary)			
13	Departure city /	location	14 Departure date	15 Destination city / k	ocation		16 Amival date	
17	7 Means of transportation 18 Purpose of travel							
4	Date	5 Full name of contributor [ Fulbright & Jaworski	out-of-state PAC(ID#_	)		7	Amount of contribution (\$)	
	03/28/2006	6 Contributor address; (	City; State; Zip Code	•••••••			\$500.00	
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See Ins	structions)			
10	In-kind contribu  Check if in complete t	tion -kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and	11 In-kind description	(if applicable	1	,	
12		n(s) traveling on whose behalf th		ttach additional pages if	f necessary)	_		
13	Departure city /	location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date	
17	7 Means of transportation			18 Purpose of travel				

	POLITION OTHER	CAL CONTRIBU R THAN PLEDGE	JTIONS ES OR LOA	NS			<del>703-300</del>	SCHEDULE A
	The Instruction	ION GUIDE explains how to comp	plete this form.		1	PAGE# Schedule: 1	4/20 Re	-art. 16/42
2	FILER NAME	Johnson, Jarvis (Mr.)			3 .	ACCOUNT # 00099999		Commission filers)
4	Date	5 Full name of contributor [Fulbright & Jaworski LLP	_	)	<u></u>	·	7	Amount of contribution (\$)
	01/17/2006	6 Contributor address; C	City; State; Zip Code			• • • • • • • • • • • • • • • • • • • •		\$1,000.00
8	Principal occup	pation / Job title (See Instructions	<b>;</b> )	9 Employer (See In:	struct	tions)	<u> </u>	·
	□ complete	in-kind contribution for travel outsi boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description				
12	: Name of person	on(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages i	if nec	essary)		
	3 Departure city /		14 Departure date	15 Destination city / l	location	on		16 Arrival date
17	Means of trans	portation		18 Purpose of travel			,	, <b></b> -
4	Date	5 Full name of contributor [ Gunda, Ramesh	out-of-state PAC(ID#_	)		,	7	Amount of contribution (\$)
	01/25/2006	6 Contributor address; Consumption of Sugar Land, 1X 77479	City; State; Zip Code			•••••		\$250.00
8	Principal occup	pation / Job title (See Instructions	)	9 Employer (See Ins	structi	ions)	<u></u>	
10	In-kind contribu  Check if in complete to	ution in-kind contribution for travel outsi boxes 12-18. Otherwise, complet	ide Texas and ste box 11 if applicable.	11 In-kind description	n (if a	pplicable)		
12	Name of persor	on(s) traveling on whose behalf the	e travel was accepted (a	ittach additional pages i	if nec	essary)		,
13	Departure city /	location	14 Departure date	15 Destination city / k	locatio	on		16 Arrival date
17	Means of transp	portation		18 Purpose of travel		·		· · · · · · · · · · · · · · · · · · ·
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POLI OTHI	TICAL CONTRIB ER THAN PLEDG	UTIONS ES OR LOA	INS		(5.2)	00-00	SCHEDULE A
The lustr	uction Guide explains how to com	plote this form.		1	PAGE #	5/00 I	7.4740
2 FILER NA	ME Johnson, Jarvis (Mr.)			3	ACCOUNT # 00099999		Report: 17/43 cs Commission filers)
4 Date	5 Full name of contributor Gutierrez, Ray	out-of-state PAC(ID#	)	1		7	Amount of contribution (\$)
01/25/200	6 Contributor address; Houston, TX 77042	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •		\$500.00
8 Principal o	ccupation / Job title (See Instruction	is)	9 Employer (See Ins	struc	ctions)		
comp	k if in-kind contribution for travel out lete boxes 12-18. Otherwise, compl	ete box 11 if applicable.	11 In-kind description				
12 Name of po	erson(s) traveling on whose behalf t	he travel was accepted (	attach additional pages i	f ne	cessary)		
13 Departure	city / location	14 Departure date	15 Destination city / k	ocat	ion		16 Arrival date
17 Means of to	ransportation		18 Purpose of travel			· · · · · · · · · · · · · · · · · · ·	
4 Date	5 Full name of contributor Gutierrez, Ray	ut-of-state PAC(ID#_	)			7	Amount of contribution (\$)
03/30/200	6 Contributor address; Houston, TX 77388	City; State; Zip Code				-	\$250.00
8 Principal oc	ccupation / Job title (See Instruction	s)	9 Employer (See Ins	truc	tions)	<u> </u>	
compl	t if in-kind contribution for travel outs ete boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description		.,		
12 Name of pe	erson(s) traveling on whose behalf the	ne travel was accepted (a	attach additional pages if	nec	cessary)		
13 Departure o	ity / location	14 Departure date	15 Destination city / lo	cati	on		16 Arrival date
17 Means of to	ansportation	<u></u>	18 Purpose of travel			<del></del>	
			<u>[                                    </u>				: .

POLITICAL CONTRIBUTION OTHER THAN PLEDGE	JTIONS	, Texas 78711-2070	(512)46	53-5800 S	1-800-32	
		N3				
The Instruction Guide explains how to comp	elete this form.		1 PAGE # Schedule: 16	/20 Pon	ort: 19/42	
2 FILER NAME Johnson, Jarvis (Mr.)			3 ACCOUNT # 00099999		ommission filers)	
4 Date 5 Full name of contributor   H A A Better Government F	out-of-state PAC(ID#	)			Amount of ntribution (\$)	
04/03/2006 6 Contributor address; Houston, TX 77099	City; State; Zip Code				\$5	00.00
8 Principal occupation / Job title (See Instructions	s)	9 Employer (See In:	structions)			
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	ete box 11 if applicable.	11 In-kind description				
12 Name of person(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages i	f necessary)			
13 Departure city / location	14 Departure date	15 Destination city / l	ocation		16 Arrival date	<u></u> е
17 Means of transportation 18 Purpose of travel						
4 Date 5 Full name of contributor [ Harris, Roger	out-of-state PAC(ID#_	)			mount of	
01/25/2006 6 Contributor address; 0 Missouri City, TX 77459-5008	City; State; Zip Code	••••••••••••			\$1	00.00
8 Principal occupation / Job title (See Instructions	•)	9 Employer (See Ins	structions)		·	
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	ide Texas and	11 in-kind description	(if applicable)		<u> '</u>	,
12 Name of person(s) traveling on whose behalf th		ttach additional pages i	f necessary)		·	
13 Departure city / location	14 Departure date	15 Destination city / k	ocation		16 Arrival date	<del></del>
17 Means of transportation		18 Purpose of travel				
					:	

Oin	ER THAN PLEDG	ES OR LUA	N2				
The less	RUCTION GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 17	/29 Rep	ort: 19/43	
2 FILER N	AME Johnson, Jarvis (Mr.)			3 ACCOUNT# 00099999		ommission filers)	
4 Date	5 Full name of contributor Holtzapple, Ray	ut-of-state PAC(ID#_	)			Amount of intribution (\$)	
01/25/2	6 Contributor address; Houston, TX 77019-3308	City; State; Zip Code				\$100.00	
8 Principal	occupation / Job title (See Instruction	s)	9 Employer (See Instructions)				
☐ con	ck if in-kind contribution for travel out plete boxes 12-18. Otherwise, compl	ete box 11 if applicable.	11 In-kind description				
12 Name of	person(s) traveling on whose behalf t	ne travel was accepted (	attach additional pages	if necessary)			
13 Departur	e city / location	14 Departure date	15 Destination city /	location		16 Arrival date	
17 Means o	transportation	•	18 Purpose of travel			:	
4 Date	5 Full name of contributor IEC of Houston PAC	ul-of-state PAC(ID#_	)			Amount of ontribution (\$)	
01/25/2	6 Contributor address;	City; State; Zip Code				\$250.00	
8 Principal	occupation / Job title (See Instruction	s)	9 Employer (See In	structions)			
10 In-kind o	ontribution ick if in-kind contribution for travel out uplete boxes 12-18. Otherwise, compl	side Texas and ete box 11 if applicable.	11 In-kind description	n (if applicable)			
12 Name of	person(s) traveling on whose behalf t	he travel was accepted (	attach additional pages	if necessary)			
13 Departui	e city / location	14 Departure date	15 Destination city /	location		16 Arrival date	
17 Means o	transportation	•	18 Purpose of travel				
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_	The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE # Schedule: 18	/29 Re	port: 20/43
2	FILER NAME	Johnson, Jarvis (Mr.)			3 ACCOUNT# 00099999		Commission filers)
4	Date	5 Full name of contributor [ Johnson, Hebert (Mr.)	out-of-state PAC(ID#_	)		7 c	Amount of ontribution (\$)
	03/30/2006	6 Contributor address; (	City; State; Zip Code	••••••••			\$100.00
8	Principal occup	ation / Job title (See Instructions	;)	9 Employer (See In	structions)		
	□ complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description			
		n(s) traveling on whose behalf th	e travel was accepted (	attach additional pages	if necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17	Means of trans	portation	<u> </u>	18 Purpose of travel			<u> </u>
4	Date	5 Full name of contributor [ Joiner, Patricia	out-of-state PAC(ID#_	)			Amount of ontribution (\$)
ı	01/25/2006	6 Contributor address; C	City; State; Zip Code			,	\$250.00
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See In:	structions)		
10	In-kind contribu  Check if in complete i	tion h-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	i (if applicable)		
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (	attach additional pages i	f necessary)	·	,
13	Departure city /	location	14 Departure date	15 Destination city / l	ocation		16 Arrival date
17	Means of transp	portation		18 Purpose of travel			<b>1</b>

POLITION OTHER	CAL CONTRIBU THAN PLEDGE	JTIONS	NS	(0.12)	99-9800	SCHEDULE A
The Instruction	on Guio∈ explains how to com	plete this form.		1 PAGE # Schedule: 19	/20 Por	
2 FILER NAME	Johnson, Jarvis (Mr.)			3 ACCOUNT # 00099999		Commission filers)
4 Date	5 Full name of contributor Krause, Keith	out-of-state PAC(ID#_	)			Amount of ontribution (\$)
01/20/2006	6 Contributor address; Torrance, CA 90501	City; State; Zip Code		•••••••••••••••••••••••••••••••••••••••		\$250.00
8 Principal occup	l ation / Job title (See Instructions	;)	9 Employer (See In:	structions)		
complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description			
	n(s) traveling on whose behalf th	ie travel was accepted (i	attach additional pages i	f necessary)		
13 Departure city /	location	14 Departure date	15 Destination city / l	ocation	-	16 Amival date
17 Means of trans	portation	:	18 Purpose of travel			
4 Date	5 Full name of contributor [ Kurth, Andrews	out-of-state PAC(ID#_	)			Amount of ontribution (\$)
01/23/2006	6 Contributor address; (					\$1,000.00
8 Principal occup	ation / Job title (See Instructions	)	9 Employer (See Ins	structions)		
complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description	4	-	
12 Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages i	f necessary)		
13 Departure city /	location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
17 Means of transp	portation		18 Purpose of travel			
					-	

POLITIC OTHER	CAL CONTRIBL THAN PLEDGI	ITIONS ES OR LOA	NS		S	CHEDULE A
The Instruction	ON GUIDE explains how to comp	elete this form.		1 PAGE # Schedule: 20	/20 Pan	ort: 22/42
2 FILER NAME	Johnson, Jarvis (Mr.)			3 ACCOUNT # 00099999		ommission filers)
4 Date	5 Full name of contributor [ Lineberger Goggan Blair &	Sampson				Amount of ntribution (\$)
01/25/2006	6 Contributor address; (	City; State; Zip Code				\$2,048.46
8 Principal occup	pation / Job title (See Instructions	s)	9 Employer (See In	structions)	1	
10 In-kind contribu						
12 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (	attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel			
4 Date	5 Full name of contributor [ Locke Liddell & Sapp LLP		)			Amount of ntribution (\$)
01/20/2006	6 Contributor address; C	City; State; Zip Code	•••••			\$1,000.00
8 Principal occup	pation / Job title (See Instructions	;)	9 Employer (See In:	structions)		
10 In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and	11 In-kind description	n (if applicable)		.,,
	n(s) traveling on whose behalf th		attach additional pages i	if necessary)		
13 Departure city	/ location	14 Doparture date	15 Destination city / I	ocation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel			. ,
			<u> </u>			:

		CAL CONTRIBU	JTIONS	NS	(012740	<del>33-3800</del>	SCHEDULE A
	The INSTRUCTION	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 21	/20 Por	ood: 22/42
2	FILER NAME	Johnson, Jarvis (Mr.)			3 ACCOUNT # 00099999		commission filers)
4	Date	5 Full name of contributor [ Mattox, Damon	out-of-state PAC(ID#	)			Amount of ontribution (\$)
	03/30/2006	6 Contributor address; C	City; State; Zip Code				\$100.00
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See Ins	structions)	······································	
	Complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description			
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages i	f necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / k	ocation		16 Arrival date
17 Means of transportation 18 Purpose of travel							
4	Date	5 Full name of contributor [ Maxxam Inc.	out-of-state PAC(ID#_	)		7 co	Amount of ontribution (\$)
	04/04/2006	6 Contributor address; C	City; State; Zip Code				\$500.00
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See Ins	structions)		
	complete	n-kind contribution for travel outsi boxes 12-18. Otherwise, complete	te box 11 if applicable.	11 In-kind description			
12	Name of persor	n(s) traveling on whose behalf the	e travel was accepted (a	ittach additional pages i	f necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / k	ocation		16 Arrival date
17	Means of trans	portation		18 Purpose of travel			
			<u> </u>	<u> </u>			

		CAL CONTRIBUTED THAN PLEDGE		NS			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	SCHEDULE A
	The Instruction	ON GUIDE explains how to comp	lete this form.		J	AGE #	/20 Day	24/42
2	FILER NAME	Johnson, Jarvis (Mr.)	-		3 A	chedule: 22 CCOUNT # 0099999		commission filers)
4	Date	5 Full name of contributor [ Mays, Leo			•			Amount of ontribution (\$)
	03/30/2006	6 Contributor address; C	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •				\$100.00
8	Principal occup	pation / Job title (See Instructions	s)	9 Employer (See In	structio	ns)	1	
	Complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description	,	,		
12	Name of perso	n(s) traveling on whose behalf th	c travel was accepted (a	attach additional pages	if nece:	ssary)		
13	Departure city	/ location	14 Departure date	15 Destination city /	location	1		16 Arrival date
17 Means of transportation 1				18 Purpose of travel				
4	Date	5 Full name of contributor [ McCowan, Lee (Mr.)	out-of-state PAC(ID#_					Amount of ontribution (\$)
	03/30/2006		City; State; Zip Code			• • • • • • • • • •		\$100.00
8	Principal occup	pation / Job title (See Instructions	s)	9 Employer (See In	structio	ins)	ı	
10	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	n (if app	olicable)		
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if nece:	ssary)		
13	Departure city	/ location	14 Departure date	15 Destination city /	location	. <u></u>	•	16 Arrival date
17 Means of transportation				18 Purpose of travel	<u>.</u>		•	
				<u></u>				

13 Departure city / location

17 Means of transportation

#### Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS PAGE # The Instruction Guide explains how to complete this form. Schedule: 23/29 Report: 25/43 2 FILER NAME Johnson, Jarvis (Mr.) 3 ACCOUNT # (Ethics Commission filers) 00099999 4 Date 5 Full name of contributor out-of-state PAC(ID#\_ Amount of McCuistion, Gary contribution (\$) 03/30/2006 6 Contributor address; City; State; Zip Code \$100.00 Houston, TX 77060 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 13 Departure city / location 14 Departure date 15 Destination city / location 16 Arrival date 17 Means of transportation 18 Purpose of travel 5 Full name of contributor ut-of-state PAC(ID#\_ Date Amount of McElroy-Davis, Dannette contribution (\$) 01/24/2006 6 Contributor address; City; State; Zip Code \$100.00 Houston, TX 77096 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

14 Departure date

15 Destination city / location

18 Purpose of travel

16 Arrival date

OTHER	THAN PLEDGI	S OR LOA	NS 		_	
The Instruction	ON GUIDE explains how to comp	elete this form.		1 PAGE # Schedule: 24	/29 Rer	vort: 26/43
2 FILER NAME	Johnson, Jarvis (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00099999		
4 Date	5 Full name of contributor [ MHM Consultant	out-of-state PAC(ID#_	)	L , ,,		Amount of ontribution (\$)
03/30/2006	6 Contributor address; (	City; State; Zip Code				\$100.00
8 Principal occup	ation / Job title (See Instructions	;)	9 Employer (See In	structions)		
☐ complete	ition n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf th	te box 11 if applicable.	11 In-kind description			
		o dare, nes acceptos (	artaon additional pages	ii necessary)		
13 Departure city	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel		<del></del>	
4 Date	5 Full name of contributor [ Rash, Jeanette	out-of-state PAC(ID#_	)			Amount of ontribution (\$)
01/24/2006	6 Contributor address; (	City; State; Zip Code				\$250.00
8 Principal occup	ation / Job title (See Instructions	)	9 Employer (See In	structions)	<u> </u>	• • • • • • • • • • • • • • • • • • • •
10 In-kind contribu	ntion n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	ı (if applicable)		
12 Name of person	n(s) traveling on whose behalf th	e travel was accepted (	attach additional pages	if necessary)		
13 Departure city /	location	14 Departure date	15 Destination city / I	ocation	_	16 Arrival date
17 Means of trans	portation		18 Purpose of travel	·····		· · · · · · · · · · · · · · · · · · ·

_	OTHER	THAN PLEDGI	ES UR LUA	N2				
	The INSTRUCTION	эн Guide explains how to comp	plete this form.		1 PAGE # Schedule: 25	/29 Re	port: 27/43	
2	FILER NAME	Johnson, Jarvis (Mr.)			3 ACCOUNT # 00099999		Commission filers)	
4	Date	5 Full name of contributor   Ross, Jeff	out-of-state PAC(ID#	)	<u>.</u>	7 Amount of contribution (\$)		
	03/30/2006	6 Contributor address; (	City; State; Zip Code				\$500.00	
8	Principal occup	ation / Job title (See Instructions	s)	9 Employer (See In	structions)	<u> </u>		
	complete	tion n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf th	te box 11 if applicable.	11 In-kind description				
13	13 Departure city / location 14 Departure date			15 Destination city / I		16 Arrival date		
17	Means of trans	portation		18 Purpose of travel	· · · · · ·		<u> </u>	
4	Date	5 Full name of contributor [ Sarinkelk, Giti	out-of-state PAC(ID#_	)		7 c	Amount of ontribution (\$)	
	01/25/2006	6 Contributor address; C	City; State; Zip Code				\$100.00	
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See Instructions)				
10	In-kind contribu  Check if in complete t	tion -kind contribution for travel outs coxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)			
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	uttach additional pages i	f necessary)			
13	Departure city /	location	14 Departure date	15 Destination city / k	ocation		16 Arrival date	
17	Means of transp	portation		18 Purpose of travel	<u> </u>			
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The Instructi	юм Guioe explains how to comp	plete this form.		1 PAGE#		
2 FILER NAME	Johnson, Jarvis (Mr.)			Schedule: 26 3 ACCOUNT # 00099999	i/29 Report: 2	
4 Date	5 Full name of contributor   Synek, Christopher	Out-of-state PAC(ID#_		<u> </u>	7 Amour contribu	
03/30/2006	6 Contributor address; (	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·			\$200.00
8 Principal occu	pation / Job title (See Instructions	3)	9 Employer (See In	istructions)		
complete	in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description			
	on(s) traveling on whose behalf th	te travel was accepted (	attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date 15 Destination city / location			16 A	rrival date
17 Means of trans	portation		18 Purpose of travel		<del></del>	
4 Date	5 Full name of contributor [ Union Pacific PAC	Out-of-state PAC(ID#_	)	<u> </u>	7 Amour contribut	
01/25/2006	6 Contributor address; (	City; State; Zip Code				\$2,500.00
<u></u>	Houston, TX 77002				l	
8 Principal occup	Houston, TX 77002 pation / Job title (See Instructions	ş)	9 Employer (See in	structions)		
10 In-kind contribu	pation / Job title (See Instructions	side Texas and	9 Employer (See In  11 In-kind description			
10 In-kind contribution Check if it complete 12 Name of personal contribution in the complete contribution in the contribution	pation / Job title (See Instructions ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf th	side Texas and ete box 11 if applicable.	11 In-kind description	n (if applicable)	·	
10 In-kind contribution Check if it complete	pation / Job title (See Instructions ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf th	side Texas and ete box 11 if applicable.	11 In-kind description	n (if applicable) if necessary)	16 A	rrival date
10 In-kind contribution Check if it complete 12 Name of personal contribution in the complete contribution in the contribution	pation / Job title (See Instructions ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf th	side Texas and ete box 11 if applicable. ne travel was accepted (	11 In-kind description attach additional pages	n (if applicable) if necessary) location	16 A	rrival date
10 In-kind contribution Check if it complete 12 Name of personal Departure city	pation / Job title (See Instructions ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf th	side Texas and ete box 11 if applicable. ne travel was accepted (	11 In-kind description attach additional pages  15 Destination city / i	n (if applicable) if necessary) location	16 A	rrival date
10 In-kind contribution Check if it complete 12 Name of personal Departure city	pation / Job title (See Instructions ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf th	side Texas and ete box 11 if applicable. ne travel was accepted (	11 In-kind description attach additional pages  15 Destination city / i	n (if applicable) if necessary) location	16 A	rrival date

۳,	xas Etnics Cor	nmission P.O.Box	12070 Austir	n, Texas 78711-2070	(512)4	63-5800	1-800-325-8506		
	POLITI	CAL CONTRIBI THAN PLEDG	JTIONS ES OR LOA	.NS			SCHEDULE A		
	The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 27/29 Report: 29/43				
2	FILER NAME	Johnson, Jarvis (Mr.)			3 ACCOUNT # 00099999		Commission filers)		
4	Date	5 Full name of contributor Vela, Lee	ut-of-state PAC(ID#_		00033333	7 Amount of contribution (\$)			
	01/25/2006	6 Contributor address; Houston, TX 77055	City; State; Zip Code				\$500.00		
8	Principal occup	ation / Job title (See Instruction	s)	9 Employer (See In	mployer (See Instructions)				
	complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description					
1:	2 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)								
1:	3 Departure city / location 14 Departure date			15 Destination city / I	ocation		16 Arrival date		
17	17 Means of transportation			18 Purpose of travel					
4	Date	5 Full name of contributor   Watkins, Mario	out-of-state PAC(ID#_	)			Amount of ontribution (\$)		
	01/06/2006	6 Contributor address; 6 Beaumont, 1X 77701	City; State; Zip Code	\$200.1					
8	Principal occup	ation / Job title (See Instructions	;)	9 Employer (See Ins	structions)				
10	In-kind contribu  Check if in complete to	tion -kind contribution for travel outs poxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)				
12		n(s) traveling on whose behalf th		attach additional pages i	f necessary)				
13	Departure city /	location	14 Departure date	15 Destination city / k	ocation		16 Arrival date		
17	7 Means of transportation			18 Purpose of travel					
•		· · · · · · · · · · · · · · · · · · ·			·				
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	DOL ITI	CAL CONTRIBL		, Texas 70711-2070		(312)4	03-300	J 1-800-325-8506
_	OTHER	CAL CONTRIBU R THAN PLEDGI	JTIONS ES OR LOA	NS				SCHEDULE A
	The Instruction	юн Guide explains how to comp	plete this form.		1	PAGE # Schedule: 2	8/29 Re	enort: 30/43
2	FILER NAME	Johnson, Jarvis (Mr.)				ACCOUNT # 00099999		Commission filers)
4	Date	5 Full name of contributor [ Wilson, Gerald					7	Amount of contribution (\$)
	01/30/2006	6 Contributor address; (	City; State; Zip Code			· · · · · · · · · · · · · · · · · · ·		\$250.00
8	Principal occup	pation / Job title (See Instructions	3)	9 Employer (See Ins	struc	ctions)	<u> </u>	
	Complete	in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description				
	. Name or persor	on(s) traveling on whose behalf th	le travel was accepted (a	ittach additional pages i	if ne	cessary)		
13	3 Departure city i	/ location	14 Departure date	15 Destination city / k	locat	ion		16 Arrival date
17	Means of trans	portation	:	18 Purpose of travel				<del></del>
4	Date	5 Full name of contributor [ Woodmere Development	out-of-state PAC(ID#				7	Amount of contribution (\$)
	03/30/2006	6 Contributor address; C	City; State; Zip Code		· • • •			\$1,000.00
8	Principal occup	pation / Job title (See Instructions	:)	9 Employer (See ins	struc	tions)	<b></b>	
10	In-kind contribu	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and	11 In-kind description	າ (if a	applicable)		
12		n(s) traveling on whose behalf th		L uttach additional pages i	if ned	cessary)		<del></del>
13	Departure city /	/ location	14 Departure date	15 Destination city / lo	ocati	ion		16 Arrival date
17	Means of trans	portation		18 Purpose of travel				<u> </u>

<u> </u>		S Luites Continuesion P.O.Box 12070 Austin, Texas 78711-207					3-5800	1-800-325-850	
	POLITIC	CAL CONTRIBU THAN PLEDGI	JTIONS ES OR LOA	NS .				SCHEDULE A	
	The INSTRUCTION	он Guide explains how to comp	lete this form.		1 PAGE # Schedule: 29/29 Report: 31/43				
2	FILER NAME	Johnson, Jarvis (Mr.)			3 ACC	OUNT #		Commission filers)	
4	Date	5 Full name of contributor [ Yoo, Daniel Jason	out-of-state PAC(ID#	)				Amount of ontribution (\$)	
	01/27/2006	6 Contributor address; (	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •				\$1,000.00	
8	Principal occup	pation / Job title (See Instructions	)	9 Employer (See In:	·				
10	In-kind contribu	n-kind contribution for travel outs	ide Texas and	11 In-kind description	tion (if applicable)				
complete boxes 12-18. Otherwise, complete box 11 if applicable.  12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)									
13	Departure city /	/ location	14 Departure date	15 Destination city / I	ocation	·		16 Arrival date	
17	Means of trans	portation		18 Purpose of travel					
,	•								
								•	

	PLEDGE	ED CONTRIBUTIO		;	SCHEDULE B				
	The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 1/1	Repor	t: 32/43		
2	FILER NAME	Johnson, Jarvis (Mr.)			3 ACCOUNT# 00099999	(Ethics C	commission filers)		
4	TOTA	L OF UNITEMIZED PLED	GES: ⇔⇔	\$					
5	Date	6 Full name of pledgor [ Coats Rose	out-of-state PAC(ID#	pledge (\$)					
	01/30/2006	Houston, TX 77016	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		\$1,000.00		
9	Principal occup	pation / Job title (See Instructions	)	10 Employer (See In	structions)				
11	In-kind pledge Check if in complete	n-kind pledge for travel outside T boxes 13-19. Otherwise, comple	exas and te box 12 if applicable.	12 In-kind description	n (if applicable)				
13	Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)								
14	14 Departure city / location 15 Departure date			16 Destination city / location 17 Arrival date					
18	Means of trans	portation		19 Purpose of travel					
5	Date	6 Full name of pledgor [ Sneed Construction Compa	out-of-state PAC(ID# iny	)			Amount of edge (\$)		
	01/30/2006	7 Pledgor address; C	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •			\$500.00		
9	Principal occup	pation / Job title (See Instructions		10 Employer (See In	structions)				
11	In-kind pledge Check if in complete	n-kind pledge for travel outside To boxes 13-19. Otherwise, comple	exas and te box 12 if applicable.	12 In-kind description	n (if applicable)	-			
13		n(s) traveling on whose behalf th		itach additional pages i	if necessary)				
14	Departure city /	/ location	15 Departure date	16 Destination city / I	ocation		17 Arrival date		
18	Means of trans	portation		19 Purpose of travel					

16 Purpose of travel

				1				
03/31/2006	6 Payee address; 1807 Thistlebri Fresno, TX 77	\$785.00						
8 Purpose of pay (See instruction Driver	yment ns regarding type of in	formation required.)	9 * Complete if direct expenditure to benefit Candidate/Officehold Candidate / Officeholder name:					
		(complete boxes 10-16)	Office sought: Office held:					
10 Name of person	n(s) traveling on whose	e behalf the expenditure for trave	I was made (attach additional pages if neces	ssary)				
11 Departure city /	location	12 Departure date	13 Destination city / location	14 Arrival date				
15 Means of trans	Means of transportation		16 Purpose of travel					

POLITI	CAL EXPENDIT	78711-2070	(512)46	-	1-800-325-8506			
The Instruction	ON GUIDE explains how to comp	plate this form.	<del></del>	1 PAGE # Schedule: 5/1	1 Repo	ort: 37/43		
2 FILER NAME	Johnson, Jarvis (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00099999				
4 Date	5 Payee name Glenn, John			7 Amount (\$)				
04/30/2006	6 Payee address; C 1807 Thistlebrook Fresno, TX 77589	City; State; Zip Code				\$785.00		
8 Purpose of pay (See instruction Driver	l yment ns regarding type of information	required.)	9 ** Complete if direc Candidate / Officehol	t expenditure to bene der name:	I efit Cand	idate/Officeholder **		
☐ Payment fo	or travel outside Texas (complete	Office sought: Office held:						
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	ary)			
11 Departure city / location 12 Departure date 13 Destination city / location					14 Arrival date			
15 Means of trans	15 Means of transportation			16 Purpose of travel				
4 Date	5 Payee name Glenn, John		<u> </u>	7 Amount (\$)				
05/31/2006	6 Payee address; C 1807 Thistlebrook Fresno, TX 77589	City; State; Zip Code				\$785.00		
8 Purpose of pay (See instruction Driver	l yment ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol	t expenditure to bene der name:	fit Candi	date/Officeholder **		
<b>-</b>			Office sought:					
	or travel outside Texas (complete		Office held: was made (attach additi	onal pages if necess	ary)			
11 Departure city /	location	12 Departure date	13 Destination city / k	ocation	+	14 Arrival date		
45.14		: 						
15 Means of transp	portation		16 Purpose of travel					
		-						

16 Purpose of travel

15 Means of transportation

Texas Ethics Commission P.O.Box 1207	O Austin, Texas	78711-2070	(512)4	63-5800	1-800-325-850
POLITICAL EXPENDIT	TURES			S	CHEDULE F
The Instruction Guide explains how to com	plete this form.		1 PAGE # Schedule: 7/	11 Penc	ort: 30/43
2 FILER NAME Johnson, Jarvis (Mr.)			3 ACCOUNT#		ommission filers)
4 Date 5 Payee name Houston Style Magazin			00099999	7	Amount
01/12/2006	City; State; Zip Code	······································	••••••		(\$) \$1,800.00
Purpose of payment     (See instructions regarding type of information     MLK Tribute Ad	required.)	9 ** Complete if direct Candidate / Officehold	expenditure to ber der name:	l nefit Candi	idate/Officeholder '
Payment for travel outside Texas (complete	e boxes 10-16)	Office sought:			
10 Name of person(s) traveling on whose behalf the	ne expenditure for travel	l was made (attach addition	onal pages if neces	sary)	
11 Departure city / location	12 Departure date	13 Destination city / lo	ecation	$\overline{}$	14 Arrival date
15 Means of transportation		16 Purpose of travel		1	
Date  5 Payee name Johnson, Jarvis  03/30/2006  6 Payee address; Company State of Supering State of Su	ity; State; Zip Code			7	Amount (\$) . \$5,000.00
Purpose of payment (See instructions regarding type of information in Payment towards loan	required.)	9 ** Complete if direct Candidate / Officehold	expenditure to bender name:	efit Candid	date/Officeholder **
Payment for travel outside Texas (complete		Office sought: Office held:			
Name of person(s) traveling on whose behalf the	e expenditure for travel	was made (attach additio	nal pages if necess	агу)	
1 Departure city / location	12 Departure date	13 Destination city / loc	cation		14 Arrival date
5 Means of transportation		16 Purpose of travel			

POLITICAL EXPENDIT	TURES .	70711-2070	(0.2)	s-5600	CHEDULE F
The Instruction Guide explains how to com	plete this form.		1 PAGE # Schedule: 10	/11 Rep	port: 42/43
2 FILER NAME Johnson, Jarvis (Mr.)			3 ACCOUNT# 00099999	Commission filers)	
4 Date 5 Payee name Thibodeaux, Reynaud Houston, TX				7	Amount (\$)
02/23/2006 6 Payee address;	City; State; Zip Code		•••••		\$150.00
Purpose of payment     (See instructions regarding type of information photos & press coverage	required.)	9 · · Complete if direct Candidate / Officehol	expenditure to ben der name:	efit Cand	lidate/Officeholder ''
Payment for travel outside Texas (complete	Office sought:				
10 Name of person(s) traveling on whose behalf the	e expenditure for travel	was made (attach additi	onal pages if necess	sary)	
11 Departure city / location	13 Destination city / k	ocation		14 Arrival date	
15 Means of transportation		16 Purpose of travel			
5 Payee name Thibodeaux, Reynaud Houston, TX				7	Amount (\$)
03/23/2006 6 Payee address; C	ity; State; Zip Code		• • • • • • • • • • • • • • • • • • • •		\$150.00
Purpose of payment (See instructions regarding type of information photos	required.)	9 · · Complete if direct Candidate / Officehold	expenditure to bene der name:	[ efit Candi	idate/Officeholder **
Payment for travel outside Texas (complete	boxes 10-16)	Office sought: Office held:			
O Name of person(s) traveling on whose behalf th	e expenditure for travel	was made (attach additio	onal pages if necess	ary)	
of Paragraphy and State of Sta	TREPORTURA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CO		n til et på til på et	· · · · · · · · · · · · · · · · · · ·	Body Myster of the Body of the second
5 Meens of transportation	16 Purposa of travel				
	· · · · · · · · · · · · · · · · · · ·	1	AMERICAN PROPERTY OF THE PROPE		

exas Ethics Commission	Adsum, Texas 707 F1-2070					12)463	-5800	1-800-	-325-850
POLITICAL	EXPENDI	TURES		•			sc	HEDUL	≣ F
The Instruction Guide	explains how to com	plete this form.		1	PAGE #	- 444	4.5.		
2 FILER NAME Johns	son, Jarvis (Mr.)				ACCOUN	IT# (		ort: 43/43	
1 Date 5 Pa	yee name				000999				
Wi	lliams, Iris ouston, TX						7	Amount (\$)	
02/03/2006 <b>6</b> Pay	/ee address;	City; State; Zip Code			• • • • • • • • • • • • • • • • • • • •			\$1	150.00
Purpose of payment									
(See instructions regard Room rental at Multi-	ling type of information purpose Center	required.)	9 * Complete if direct Candidate / Officehol	t exp	enditure to name:	benefi	t Candid	ate/Officeho	lder **
П-			Office sought:						
	Payment for travel outside Texas (complete boxes 10-16)  Name of person(s) traveling on whose behalf the expenditure for tra								
v Name of person(s) trave	ling on whose behalf th	ne expenditure for trave	I was made (attach additi	onal	pages if n	ecessa	y)		
1 Departure city / location		12 Departure date	13 Destination city / lo	ncatio				4 Amiyal da	
		·	, and a second s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	211			I <b>→</b> Amvai qa	ite
Means of transportation			16 Purpose of travel				L		
Date 5 Pay	ee name		<u></u>			17	<del>,</del> -	Amount	
TX								(\$)	
04/01/2006 6 Paye	ee address; C	ity; State; Zip Code			•••••			\$25	50.00
Purpose of payment (See Instructions regardi Dinner Dance	ng type of information r	required.)	9 * Complete if direct Candidate / Officehold	expe ler na	nditure to ime:	benefit	Candida	te/Officeholo	ler ''
			Office sought:						
Payment for travel ou			Office held:						
Name of person(s) traveli	ng on whose behalf the	expenditure for travel	was made (attach additio	nal p	ages if ne	cessary	')		
Departure city / location		12 Departure date	13 Destination city / loc	cation	n		14	4 Arrival dat	e
Means of transportation			16 Purpose of travel	_					
				_			, <u></u>		